# Title Page

# Institution \_\_Shoreline Community College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Program Director

This person will be the point person within the community college responsible for communications and coordination with Washington Campus Compact.

Name: William Sperling

Title: Director, Transitional Programs

Role with C2C: Planning Team Member

Mailing address: 16101 Greenwood Ave. North, Shoreline, WA 98133

Phone: 206.546.4788

Fax: 206.533.6636

Email: wsperling@shoreline.edu

# President

Name: Dr. Lee Lambert

Title: President

Role with C2C: Washington Campus Compact Board Member and Project Supporter

Mailing address: 16101 Greenwood Ave. North, Shoreline, WA 98133

Phone: 206.546.4551

Fax: 206.546.7857

Email: llambert@shoreline.edu

C2C Other Program Personnel   
Name: Tonya Drake

Title: Dean for Student Services

Role with C2C:

Mailing address: 16101 Greenwood Ave. North, Shoreline, WA 98133

Phone:

Fax:

Email:

I certify that the contents of the Letter of Interest packet are true to the best of my knowledge, and that if chosen, the community college intends to participate fully in the C2C program.

Signature of Program Director:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_